

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

GA-RDP64-00360R000400090024-66

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1019

To _____
(Payee)

PAID BY

SAPC 6636
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms				10,327	46
		Costs					
Use continuation sheet(s) if necessary						Total	\$10,327 46

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____
(Payee must NOT use this space)

I certify that the above bill is correct and just and that payment has not been received.

STATINTL (Sign original only)

Date 5-14-

Per _____

Contract No. A101 Date _____ Req. No. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

By _____
CONTRACTING OFFICER

SIGN
ORIGINAL
ONLY

Title _____

STATINTL Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

APPROVING OFFICER

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090024-3

STATINTL

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090024-3

ACCOUNTS PAID REPORTS

HW-11002 (11-55) 50-13898

DATE
REPORT NO. PAGE

☐ DIVISIONAL DETAIL ACCOUNTS PAID JOURNAL

☐ DIVISIONAL SUMMARY ACCOUNTS PAID JOURNAL

☐ CONSOLIDATED ACCOUNTS PAID DISTRIBUTION

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER	RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
MAJ	INT	SUB	MO	DAY	YR						ACCOUNT	M.J.O.	S.O.	WORK ORDER	
252030	04	246	24	58	5	PETTY CASH 4/23	U		5	12700	5023	2		6.00	
														6.00	
														6.00	
														6.00	
252030	04	246	24	58	5	PETTY CASH 4/23	U		5	12700	5023	9		13.00	
														13.00	
														13.00	
														13.00	
														19.00	